

FACT-Cx (Version 4)

Below is a list of statements that other people with your illness have said are important. **Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

PHYSICAL WELL-BEING

		Not at all	A little bit	Somewhat	Quite a bit	Very much
GP1	I have a lack of energy	0	1	2	3	4
GP2	I have nausea	0	1	2	3	4
GP3	Because of my physical condition, I have trouble meeting the needs of my family	0	1	2	3	4
GP4	I have pain	0	1	2	3	4
GP5	I am bothered by side effects of treatment	0	1	2	3	4
GP6	I feel ill	0	1	2	3	4
GP7	I am forced to spend time in bed	0	1	2	3	4

SOCIAL/FAMILY WELL-BEING

		Not at all	A little bit	Somewhat	Quite a bit	Very much
GS1	I feel close to my friends	0	1	2	3	4
GS2	I get emotional support from my family	0	1	2	3	4
GS3	I get support from my friends.....	0	1	2	3	4
GS4	My family has accepted my illness	0	1	2	3	4
GS5	I am satisfied with family communication about my illness.....	0	1	2	3	4
GS6	I feel close to my partner (or the person who is my main support)	0	1	2	3	4
Q1	<i>Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please mark this box and go to the next section.</i>	<input type="checkbox"/>				
GS7	I am satisfied with my sex life	0	1	2	3	4

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EMOTIONAL WELL-BEING

		Not at all	A little bit	Somewhat	Quite a bit	Very much
GE1	I feel sad	0	1	2	3	4
GE2	I am satisfied with how I am coping with my illness	0	1	2	3	4
GE3	I am losing hope in the fight against my illness	0	1	2	3	4
GE4	I feel nervous	0	1	2	3	4
GE5	I worry about dying	0	1	2	3	4
GE6	I worry that my condition will get worse	0	1	2	3	4

FUNCTIONAL WELL-BEING

		Not at all	A little bit	Somewhat	Quite a bit	Very much
GF1	I am able to work (include work at home)	0	1	2	3	4
GF2	My work (include work at home) is fulfilling	0	1	2	3	4
GF3	I am able to enjoy life.....	0	1	2	3	4
GF4	I have accepted my illness.....	0	1	2	3	4
GF5	I am sleeping well	0	1	2	3	4
GF6	I am enjoying the things I usually do for fun	0	1	2	3	4
GF7	I am content with the quality of my life right now.....	0	1	2	3	4

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ADDITIONAL CONCERNS

Not at all A little bit Somewhat Quite a bit Very much

		0	1	2	3	4
Cx1	I am bothered by discharge or bleeding from my vagina.....	0	1	2	3	4
Cx2	I am bothered by odor coming from my vagina.....	0	1	2	3	4
Cx3	I am afraid to have sex	0	1	2	3	4
B4	I feel sexually attractive	0	1	2	3	4
Cx4	My vagina feels too narrow or short	0	1	2	3	4
BMT7	I have concerns about my ability to have children.....	0	1	2	3	4
Cx5	I am afraid the treatment may harm my body	0	1	2	3	4
BL4	I am interested in sex	0	1	2	3	4
C7	I like the appearance of my body	0	1	2	3	4
Cx6	I am bothered by constipation.....	0	1	2	3	4
C6	I have a good appetite	0	1	2	3	4
BL1	I have trouble controlling my urine.....	0	1	2	3	4
BL3	It burns when I urinate	0	1	2	3	4
Cx7	I have discomfort when I urinate	0	1	2	3	4
HN1	I am able to eat the foods that I like.....	0	1	2	3	4